STATE OF WASHINGTON
HEALTH CARE AUTHORITY

REQUEST FOR PROPOSALS (RFP)

RFP NO. K522

PROJECT TITLE: Health Technology Assessment

PROPOSAL DUE DATE: November 14th 2011, 4:00p.m. – Time, *Pacific Standard Time or Pacific Daylight Time*, Olympia, Washington, USA.

ESTIMATED TIME PERIOD FOR CONTRACT: The period of performance shall be for a three (3) year term commencing upon the date of Office of Financial Management (OFM) approval or date of final party signature, whichever is later.

The Agency reserves the right to extend the contract for up to two (2) additional one-year periods at the sole discretion of the Agency.

CONSULTANT ELIGIBILITY: This procurement is open to those consultants that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

CONTENTS OF THE REQUEST FOR PROPOSALS:

1. Introduction
2. General Information for Consultants
3. Proposal Contents
4. Evaluation and Award
5. Exhibits
    - A. Certifications and Assurances
    - B. Personal Service Contract with General Terms and Conditions
    - C. Cost Proposal Sheet
    - D. Checklist for Responsiveness

TABLE OF CONTENTS

1. Introduction 3

1.1 Purpose and Background 3
1.2 Objective and Scope of Work 3
1.3 Minimum Qualifications 4
1.4 Funding 4
1.5 Period of Performance 4
1.6 Current or Former State Employees 4
1.7 Definitions 4
1.8 ADA 5

2. General Information for Consultants 6

2.1 RFP Coordinator 6
2.2 Estimated Schedule of Procurement Activities 6
2.3 Contractor Questions 6
2.4 Submission of Proposals 6
2.5 Proprietary Information/Public Disclosure 7
2.6 Revisions to the RFP 7
2.7 Minority & Women-Owned Business Participation 7
2.8 Acceptance Period 8
2.9 Responsiveness 8
2.10 Most Favorable Terms 8
2.11 Contract and General Terms & Conditions 8
2.12 Costs to Propose 8
2.13 No Obligation to Contract 9
2.14 Rejection of Proposals 9
2.15 Commitment of Funds 9
2.16 Electronic Payment 9
2.17 Insurance Coverage 9

3. Proposal Contents 11

3.1 Letter of Submittal 11
3.2 Technical Proposal 11
3.3 Management Proposal 12
3.4 Cost Proposal 13

4. Evaluation and Contract Award 15

4.1 Evaluation Procedure 15
4.2 Evaluation Weighting and Scoring 15
4.3 Oral Presentations may be Required 15
4.4 Notification to Proposers 16
4.5 Debriefing of Unsuccessful Proposers 16
4.6 Protest Procedure 16

5. RFP Exhibits . … 18

Exhibit A Certifications and Assurances
Exhibit B Personal Service Contract Format including General Terms and Conditions (GT&Cs)
Exhibit C Cost Proposal Sheet
Exhibit D Checklist for Responsiveness

1. INTRODUCTION

1.1. PURPOSE

The Washington State Health Care Authority, hereafter called "AGENCY" or "HCA," is initiating this Request for Proposals (RFP) to solicit proposals from public or private entities that conduct evidence-based health technology assessments. These entities are referred to in this solicitation as "Technology Assessment Centers" or "TACs" and will support the Health Care Authority's evidence-based Health Technology Assessment program.

The purpose of this request for proposal is to obtain health technology assessment reports for purposes of state health policy determinations. Health technology assessments are generated using methods of systematic reviews based on rigorous, comprehensive syntheses and analyses of relevant scientific literature and relevant effectiveness and cost effectiveness data, emphasizing explicitly detailed documentation of methods, rationales, and assumptions. Additionally, tasks related to identifying topics or issues, producing, updating, and communicating the technology assessment and the methodology used will be required.

HCA intends to award multiple contracts to selected TACs for the production of eight to twelve technology assessments per year. If multiple contracts are awarded, HCA anticipates a minimum of two assessments per TAC per year. Timeframes for each technology assessment will vary depending on the complexity of the topic, and the volume of research literature, but are anticipated to range from one to six months, and may overlap with other assessments. TACs must have the methodological competence, resources, and management flexibility to complete quality assessments and other tasks, sometimes concurrently, within agreed budget and timelines.

1.2. BACKGROUND AND OBJECTIVES

New innovations in medicine have improved the health and lives of patients, yet they have come at a high cost in terms of health, safety, and affordability. Health care spending and costs are rising dramatically, but patients in the U.S. are not getting healthier nor consistently using health care that is available, recommended, and proven to work. Medical products and treatments are introduced without independent, scientific evidence about whether they are safe, effective, and provide benefits that are better than existing alternatives. The information age provides unprecendented access to medical literature, information and marketing, but doctors and patients don't have the tools or the time to sort through it.

This overload of information, combined with a lack of tools to understand or test the information's reliability has led many health care professionals to turn to evidence-based medicine to identify best practices in treatment and diagnosis as well as payment and coverage decisions. HCA's evidence-based programs are leading state efforts to use evidence-based medicine to make health policy and coverage decisions. In implementing the programs, and using information based on science to make decisions about heath care coverage, the following benefits are expected:

- Better health – Washington patients and providers have access to a centralized place to learn about proven health care
- Transparency – evaluation and committee decisions follow a published process and are open to public input
- Consistency – state agencies will be relying on a single evidence-based process, to inform coverage decisions on the selected technologies
- Evolving and flexible - innovations occur regularly, and evidence– based reports are also reviewed regularly to ensure that the latest information has been considered

At the Governor's request in 2006, the legislature created a new program called

the State Health Technology Assessment Program (HTA) that is located at the Health Care Authority. The focus of this program is to rely on scientific information about safety, efficacy, and cost-effectiveness to improve quality, inform health care purchasing and coverage decisions, and to identify best practices and strategies. The primary purpose of the HTA program is to ensure that medical treatments and services paid for with state health care dollars are safe and proven to work. More information on HTA, and its authorizing legislation is available at: http://www.hta.hca.wa.gov/.

The program serves as a centralized resource for state agencies that purchase health care. Participating state agencies may include Health Care Authority, Department of Social and Health and Services (Medicaid), Department of Labor and Industries, Department of Corrections, and Department of Veterans Affairs. State agencies using the same, evidence-based assessments make better informed and more consistent coverage decisions. A major component of the program is the evaluation of medical interventions to determine coverage.

HTA contracts for reports based on scientific evidence about certain medical and surgical devices and procedures, medical equipment, and diagnostic tests for the purpose of determining whether they are safe, effective, and/or cost effective. An open and public process is used to gather information. The TAC is required, in addition to other information considered as part of the assessment, to consider safety, health outcomesand cost data submitted by the Clinical Committee and/or participating agencies. An independent clinical committee made up of health care practitioners uses the evidence-based reports to decide or recommend whether state programs should pay for the health technology and if so under what conditions participating agencies implement the clinical committee coverage decision about the health technology under review.

A critical focus of the HTA program mandate is that it conducts business in an open and transparent manner. This includes a centralized, web-based communication for program activities. Work products, including all final health technology assessments must be published to this website for public access. The AGENCY will permit, if there is appropriate public value, the TAC to retain a right to use and distribute the technology assessment, provided appropriate attribution is retained.

1.3 MINIMUM QUALIFICATIONS

The Proposer must have substantial experience performing evidence- based health technology assessments and must demonstrate an understanding of evidence-based medicine and its application to health policy.

A minimum of three (3) years of related corporate experience is required.See section 3.3 for additional information on qualifications.

1.4 FUNDING (OPTIONAL)

Funding believed to be adequate has been budgeted to support this project. Any contract awarded as a result of this procurement is contingent upon the availability of funding. If two contracts are awarded, a minimum of $100,000 per contractor per year in health technology assessment assignments is anticipated.

1.5 PERIOD OF PERFORMANCE

The period of performance shall be for a three (3) year term commencing upon the date of Office of Financial Management (OFM) approval or date of final party signature, whichever is later.

The AGENCY reserves the right to extend the contract for two one-year periods.

1.6 CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Proposers should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

1.7 DEFINITIONS

Definitions for the purposes of this RFP include:

Agency – The Health Care Authority is the agency of the state of Washington that is issuing this RFP.

Apparent Successful Contractor – The consultant selected as the entity to perform the anticipated services, subject to completion of contract negotiations and execution of a written contract.

Consultant – Individual or company interested in the RFP and that may or does submit a proposal in order to attain a contract with the AGENCY.

Contractor – Individual or company whose proposal has been accepted by the AGENCY and is awarded a fully executed, written contract.

HCA - The Health Care Authority is the agency of the state of Washington that is issuing this RFP.

Mandatory shall mean the Contractor must comply with the requirement, and the Response will be evaluated on a pass/fail basis.

Personal Services or "Services as defined by RCW 39.29 which defines under the authority of the Office of Financial Management (OFM) to mean professional or technical services provided by a Contractor to accomplish a specific study, project, task, or other work statement. Personal Services shall include those services specified in the Office of Financial Management's State Administrative & Accounting Manual (SAAM), Chapter 15, located at http://www.ofm.wa.gov/policy/15.htm.

Proposal – A formal offer submitted in response to this solicitation.

Proposer - Individual or company that submits a proposal in order to attain a contract with the AGENCY.

Request for Proposals (RFP) – Formal procurement document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFP is to permit the consultant community to suggest various approaches to meet the need at a given price.

1.8 ADA

The AGENCY complies with the Americans with Disabilities Act (ADA). Consultants may contact the RFP Coordinator to receive this Request for Proposals in Braille or on tape.

2. GENERAL INFORMATION FOR CONSULTANTS

2.1. RFP COORDINATOR

The RFP Coordinator is the sole point of contact in the AGENCY for this procurement. All communication between the Consultant and the AGENCY upon release of this RFP shall be with the RFP Coordinator, as follows:

Name	Jenna Mannigan, Contract Consultant
E-Mail Address	Jenna.Mannigan@hac.wa.gov
Mailing Address	676 Woodland Square Loop SE Olympia, WA 98504-2702
Physical Address for Delivery	3819 Pacific Ave. SE, Suite A Lacey, WA 98503
Phone Number	360 923-2818
Fax Number	360 923-2835

Any other communication will be considered unofficial and non-binding on the AGENCY. Consultants are to rely on written statements issued by the RFP Coordinator. Communication directed to parties other than the RFP Coordinator may result in disqualification of the Consultant.

2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

RFP Activity	Due Date	Time
Issue Request for Proposals	Oct.12, 2011	N/A
Written Questions Due from Contractor	Oct. 21, 2011	4:00 PM
Asnwer to Questions Released	Oct. 25, 2011	5:00 PM
Issue last addendum to RFP	October 31, 2011	5:00 PM
Proposals due	November 14, 2011	4:00 PM
Evaluate proposals	Nov. 14 – Nov. 18, 2011	N/A
Conduct oral interviews with finalists, if required	November 28, 2011	TBD
Announce “Apparent Successful Contractor” and send notification via fax or e-mail to unsuccessful proposers	December 5, 2011	N/A
Hold debriefing conferences (if requested)	Dec. 7 – Dec. 9, 2011	TBD
Negotiate contract	Dec. 12 – Dec. 15, 2011	N/A
File contract with DES (if required)	December 16, 2011	N/A
Begin contract work	January 2, 2012	N/A

The AGENCY reserves the right to revise the above schedule.

2.3 CONTRACTOR QUESTOINS

Specific questions concerning this RFP must be submitted, in writing to the RFP Coordinator by the date and time set forth in the *Estimated Schedule of Procurement Activities*. Questions may be transmitted by facsimile or electronic mail. Only written questions will receive official written responses. Copies of all written questions and HCA responses will be posted on the HCA website at http://www.hca.wa.gov/rfp.html. It will be the Contractor's responsibility to monitor this website during preparation of their response. Only posted answers to questions will be considered official.

2.4 SUBMISSION OF PROPOSALS

HARD COPY PROPOSALS:
Consultants are required to submit four (4) copies of their proposal and one (1) CD-ROM disk. Two (2) copies must have original signatures and two (2) copies can have photocopied signatures. The proposal, whether mailed or hand delivered, must arrive at the AGENCY no later than 4:00pm Pacific Standard Time or Pacific Daylight Time on **November 14, 2011**.

The proposal is to be sent to the RFP Coordinator at the address noted in Section 2.1. The envelope should be clearly marked to the attention of the RFP Coordinator.

Consultants mailing proposals should allow normal mail delivery time to ensure timely receipt of their proposals by the RFP Coordinator. Consultants assume the risk for the method of delivery chosen. The AGENCY assumes no responsibility for delays caused by any delivery service. Proposals may not be transmitted using facsimile transmission.

Late proposals will not be accepted and will be automatically disqualified from further consideration. All proposals and any accompanying documentation become the property of the AGENCY and will not be returned

2.5 PROPRIETARY INFORMATION/PUBLIC DISCLOSURE

Proposals submitted in response to this competitive procurement shall become the property of the AGENCY. All proposals received shall remain confidential until the contract, if any, resulting from this RFP is signed by the Director of the AGENCY, or his Designee, and the apparent successful Contractor; thereafter, the proposals shall be deemed public records as defined in Chapter 42.56 of the Revised Code of Washington (RCW).

Any information in the proposal that the Consultant desires to claim as proprietary and exempt from disclosure under the provisions of Chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of your document, must be clearly designated. The information must be clearly identified and the particular exemption from disclosure upon which the Consultant is making the claim must be cited. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words “Proprietary Information” printed on the lower right hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made for the information that the Consultant has marked as "Proprietary Information," the AGENCY will notify the Consultant of the request and of the date that the records will be released to the requester unless the Consultant obtains a court order enjoining that disclosure. If the Consultant fails to obtain the court order enjoining disclosure, the AGENCY will release the requested information on the date specified. If a Consultant obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to Chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, the AGENCY shall maintain the confidentiality of the Consultant's information per the court order.

A charge will be made for copying and shipping, as outlined in RCW 42.56. No fee shall be charged for inspection of contract files, but twenty-four (24) hours' notice to the RFP Coordinator is required. All requests for information should be directed to the RFP Coordinator.

2.6 REVISIONS TO THE RFP

In the event it becomes necessary to revise any part of this RFP, addenda will be provided via e-mail to all individuals, who have made the RFP Coordinator aware of their interest. Addenda will also be published on http://www.hca.wa.gov/rfp.html. For this purpose, the published questions and answers and any other pertinent information shall be provided as an addendum to the RFP and will be placed on the website. If you downloaded this RFP from the Agency website located at: http://www.hca.wa.gov/rfp.html you are responsible for sending your name, e-mail address, and telephone number to the RFP Coordinator in order for your organization to receive any RFP addenda.

The AGENCY also reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a contract.

2.7 MINORITY & WOMEN-OWNED BUSINESS PARTICIPATION

In accordance with chapter 39.19 RCW, the state of Washington encourages participation in all of its contracts by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE). Participation may be either on a direct basis in response to this solicitation or on a subcontractor basis. However, no preference will be included in the evaluation of proposals, no minimum level of MWBE participation shall be required as a condition for receiving an award, and proposals will not be rejected or considered non-responsive on that basis.

The established annual procurement participation goals for MBE is 10% and for WBE, 4%, for this type of project. These goals are voluntary. For information on certified firms, consultants may contact OMWBE at 360/753-9693 or http://www.omwbe.wa.gov.

2.8 ACCEPTANCE PERIOD

Proposals must provide sixty (60) days for acceptance by AGENCY from the due date for receipt of proposals.

2.9 RESPONSIVENESS

All proposals will be reviewed by the RFP Coordinator to determine compliance with administrative requirements and instructions specified in this RFP. The Consultant is specifically notified that failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

The AGENCY also reserves the right at its sole discretion to waive minor administrative irregularities.

2.10 MOST FAVORABLE TERMS

The AGENCY reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Consultant can propose. There will be no best and final offer procedure. The AGENCY does reserve the right to contact a Consultant for clarification of its proposal.

The Apparent Successful Contractor should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. Contract negotiations may incorporate some or all of the Consultant's proposal. It is understood that the proposal will become a part of the official procurement file on this matter without obligation to the AGENCY.

2.11 CONTRACT AND GENERAL TERMS & CONDITIONS

The apparent successful contractor will be expected to enter into a contract which is substantially the same as the sample contract and its general terms and conditions attached as Exhibit B. In no event is a Consultant to submit its own standard contract terms and conditions in response to this solicitation. The Consultant may submit exceptions as allowed in the Certifications and Assurances form, Exhibit A to this solicitation. All exceptions to the contract terms and conditions must be submitted as an attachment to Exhibit A, Certifications and Assurances form. The AGENCY will review requested exceptions and accept or reject the same at its sole discretion.

2.12 COSTS TO PROPOSE

The AGENCY will not be liable for any costs incurred by the Consultant in preparation of a proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related to responding to this RFP

2.13 NO OBLIGATION TO CONTRACT

This RFP does not obligate the state of Washington or the AGENCY to contract for services specified herein.

2.14 REJECTION OF PROPOSALS

The AGENCY reserves the right at its sole discretion to reject any and all proposals received without penalty and not to issue a contract as a result of this RFP.

2.15 COMMITMENT OF FUNDS

The Director of the AGENCY or his delegate is the only individual who may legally commit the AGENCY to the expenditures of funds for a contract resulting from this RFP. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

2.16 ELECTRONIC PAYMENT

The state of Washington prefers to utilize electronic payment in its transactions. The successful contractor will be provided a form to complete with the contract to authorize such payment method.

2.17 INSURANCE COVERAGE

The Contractor is to furnish the Agency with a certificate(s) of insurance executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth below.

The Contractor shall, at its own expense, obtain and keep in force insurance coverage which shall be maintained in full force and effect during the term of the contract. The Contractor shall furnish evidence in the form of a Certificate of Insurance that insurance shall be provided, and a copy shall be forwarded to the Agency within fifteen (15) days of the contract effective date.

Liability Insurance

1) Commercial General Liability Insurance: Contractor shall maintain commercial general liability (CGL) insurance and, if necessary, commercial umbrella insurance, with a limit of not less than $1,000,000 per each occurrence. If CGL insurance contains aggregate limits, the General Aggregate limit shall be at least twice the “each occurrence” limit. CGL insurance shall have products-completed operations aggregate limit of at least two times the “each occurrence” limit. CGL insurance shall be written on ISO occurrence from CG 00 01 (or a substitute form providing equivalent coverage). All insurance shall cover liability assumed under an insured contract

(including the tort liability of another assumed in a business contract), and contain separation of insureds (cross liability) condition.

Additionally, the Contractor is responsible for ensuring that any subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.

2) Business Auto Policy: As applicable, the Contractor shall maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit not less than $1,000,000 per accident. Such insurance shall cover liability arising out of "Any Auto." Business auto coverage shall be written on ISO form CA 00 01, 1990 or later edition, or substitute liability form providing equivalent coverage.

Employers Liability ("Stop Gap") Insurance: In addition, the Contractor shall buy employers liability insurance and, if necessary, commercial umbrella liability insurance with limits not less than $1,000,000 each accident for bodily injury by accident or $1,000,000 each employee for bodily injury by disease.

Additional Provisions

Above insurance policy shall include the following provisions:

1. **Additional Insured.** The state of Washington, [agency name], its elected and appointed officials, agents and employees shall be named as an additional insured on all general liability, excess, umbrella and property insurance policies. All insurance provided in compliance with this contract shall be primary as to any other insurance or self-insurance programs afforded to or maintained by the state.
2. **Cancellation.** State of Washington, [*agency name*], shall be provided written notice before cancellation or non-renewal of any insurance referred to therein, in accord with the following specifications. Insurers subject to 48.18 RCW (Admitted and Regulation by the Insurance Commissioner): The insurer shall give the state 45 days advance notice of cancellation or non-renewal. If cancellation is due to non-payment of premium, the state shall be given 10 days advance notice of cancellation. Insurers subject to 48.15 RCW (Surplus lines): The state shall be given 20 days advance notice of cancellation. If cancellation is due to non-payment of premium, the state shall be given 10 days advance notice of cancellation.
3. **Identification.** Policy must reference the state's contract number and the agency name.
4. **Insurance Carrier Rating.** All insurance and bonds should be issued by companies admitted to do business within the state of Washington and have a rating of A-, Class VII or better in the most recently published edition of Best's Reports. Any exception shall be reviewed and approved by [*Agency Name*] Risk Manager, or the Risk Manager for the state of Washington, before the contract is accepted or work may begin. If an insurer is not admitted, all insurance policies and procedures for issuing the insurance policies must comply with Chapter 48.15 RCW and 284-15 WAC
5. **Excess Coverage.** By requiring insurance herein, the state does not represent that coverage and limits will be adequate to protect Contractor, and such coverage and limits shall not limit Contractor's liability under the indemnities and reimbursements granted to the state in this contract.

Workers' Compensation Coverage

The Contractor will at all times comply with all applicable workers' compensation, occupational disease, and occupational health and safety laws, statutes, and regulations to the full extent applicable. The state will not be held responsive in any way for claims filed by the Contractor or their employees for services performed under the terms of this contract.

3. PROPOSAL CONTENTS

Proposals must be written in English and submitted on eight and one-half by eleven inch (8 ½" x 11") paper with tabs separating the major sections of the proposal.

The four major sections of the proposal are to be submitted in the order noted below:

1. Letter of Submittal, including signed Certifications and Assurances (Exhibit A to this RFP)
2. Technical Proposal
3. Management Proposal; and,
4. Cost Proposal

3.1. LETTER OF SUBMITTAL (MANDATORY)

The Letter of Submittal and the attached Certifications and Assurances form (Exhibit A to this RFP) must be signed and dated by a person authorized to legally bind the Consultant to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship. Along with introductory remarks, the Letter of Submittal is to include by attachment the following information about the Consultant and any proposed subcontractors:

1. Name, address, principal place of business, telephone number, and fax number/e-mail address of legal entity or individual with whom contract would be written.
2. Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.)
3. Legal status of the Consultant (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.
4. Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue. If the Consultant does not have a UBI number, the Consultant must state that it will become licensed in Washington within thirty (30) calendar days of being selected as the Apparently Successful Contractor.
5. Location of the facility from which the Consultant would operate.
6. Identify any state employees or former state employees employed or on the firm's governing board as of the date of the proposal. Include their position and responsibilities within the Consultant's organization. If following a review of this information, it is determined by the AGENCY that a conflict of interest exists, the Consultant may be disqualified from further consideration for the award of a contract.

3.2. TECHNICAL PROPOSAL (SCORED)

The Contractors primary responsibilities will be to, conduct methodologically sound evidence-based health technology assessments and updates as requested by the Health Technology Assessment program; provide consultation for health technology assessment related tasks and topics.

The health technology assessment center (TAC) will conduct systematic, evidence reviews regarding the safety, efficacy, and cost effectiveness of health technologies selected by the AGENCY. TACs are encouraged to read the HTA program mandate and authorizing legislation, available from the HTA program website at: www.hta.hca.wa.gov. TACs also may update prior

evidence reports, provide technical assistance to facilitate translation of reports, and undertake methods research for the program.

The methodology for work performed under the contract is critical to the quality of the assessment and the reliability of the results. TACs must emphasize the importance of a rigorous and transparent evaluation of empirical evidence of safety, efficacy, and cost effectiveness and all significant outcomes, including benefits and harms. The methodology requires explicit and detailed documentation of methods, rationale, assumptions, identification of issues, systems or methods used to rate the quality of the evidence, presentation of the evidence and any rating(s) or grade(s), external peer review of draft products and modification of final products to incorporate substantive peer review comments.

3.2.1 Health Technology Assessment Process

The AGENCY will rely on the experience, and knowledge of the TACs to refine the process and steps appropriate to complete a Health Technology Assessment that will meet the needs of the HTA program. For clarity in responsiveness, the HTA program anticipates that the following task will need to be performed by the TAC during the course of producing a health technology assessment:

Task 1: Preliminary Meetings

TAC will participate in meetings or conference calls to discuss goals and objectives of work assignment, proposed search strategy, etc. At least one of these calls will be conducted at the inception of a topic assignment and will include AGENCY staff and representation from participating agencies. The TAC will submit a summary of the discussion and decisions to the call participants.

Task 2: Key Question Development

TAC will refine the preliminary questions and identify any necessary additional questions. Contractor will Identify criteria for selecting sources of evidence, including strategies for describing explicit details of the literature review

Task 3: Work Plan

TAC will submit a work plan covering the assessment and refinement phase, proposed literature search and review (abstracts and full text), inclusion/exclusion criteria, criteria for evaluating the quality of studies and rating the strength of overall body of evidence, etc.

- In addition to other information identified through the inclusion criteria and search, the TAC must consider: (i) safety, health outcome, and cost data submitted by a participating agency; and (ii) evidence submitted by any interested party

Task 4: Data Collection

TAC will systematically search, abstract, review, analyze and synthesize the results of the data; including evaluation of individual studies for issues that may affect validity and synthesis of results of data from multiple studies.

Task 5: Draft Reports

TAC will prepare a draft Health Technology Assessment report that concisely and clearly communicates the results of the synthesis in a readily accessible format for multiple audiences

- The assessment must give the greatest weight to the evidence determined, based on objective indicators, to be the most valid and reliable, considering the nature and source of the evidence, the empirical characteristics of the studies or trials upon which the evidence is based, and the consistency of the outcome

with comparable studies.
- The assessment must take into account any unique impacts of the technology on specific populations based upon factors such as sex, age, ethnicity, race, or disability.

Task 6: Identify Interested Parities
TAC will identify peer reviewers to ensure input from a range of clinical and professional interests for a particular topic and submit a draft report to these individuals. The TAC entity will also submit a draft copy to the AGENCY to review and comment on the draft evidence report.

Task 7: Final Reports
TAC will produce a final technology assessment and appendices in compliance with an agreed format.

Task 8: Presentations of the Findings
TAC will produce a presentation in person based on the report and present to AGENCY Staff and Clinical Committee.

Task 9: Summary
TAC will produce a summary of the assignment, successes achieved, and issues Encountered and suggestions for future improvement.

3.2.2 Health Technology Assessment Content

Each Health Technology Assessment will vary based on the topic, complexity, conditions, evidence available, and other issues. However, to the extent feasible and applicable, the AGENCY strives to ensure consistency in assessment format and content areas. The TAC, as the entity with specialized expertise, is responsible for the content within these requirements; is responsible for communicating and obtaining agreement from the AGENCY for the appropriate method, approach, and content areas for the assessment; and is responsible for ensuring appropriate attributions and permissions are obtained from a third party cited or included. In all cases, the format and information included in each assessment must conform to the standard format agreed to for the assessment. Deliverables will be assessed on their adherence to agreed terms, quality, clarity, and credibility, including the required methodological process and expertise.

The TAC should ensure that sufficient expertise and resource time (e.g. a science writer, editor) are dedicated to ensure acceptability of products as the AGENCY will not provide extensive editing of TAC assessments. The TAC is responsible for the completeness and accuracy of the content of the report and will be required to respond to appropriate inquiries regarding content, references, from AGENCY staff and Clinical Committee members. Subsequent assignments may be determined, in part, by the successful completion of prior assignments.

The Health Technology Assessment, and all materials created to produce the Assessment, is owned by the AGENCY. Limited rights, with appropriate attribution, to utilize the health technology assessment or materials for related business purposes are available to TACs that demonstrate appropriate public value (e.g. fee reduction to either Agency or other public resources, or other public benefit). Generally, the assessment will include a Summary; and Technical Report.

Summary should be no more than 20-25 pages. It is to be concise and written in sufficient detail to be the primary (i.e., stand alone) document for policy makers. The Summary will include synopsis of the scientific evidence on each key question and reference to the linkages in the analytic framework, and grades for the strength of the evidence on each linkage.

The following elements will be in the Summaries:

a) Structured abstract,
b) Introduction/burden of illness,
c) Methods and key questions,
d) Results and Conclusions, including information on what data was available, as well as the quality of those data, for each key question,
e) Special analyses, if any
f) Selected abbreviated tables,
g) Discussion, and;
h) References.

Technical Report will include the following elements:

a) Description of the topic, specifying the patient population (including subgroups with disproportionate impact) and specific questions that were addressed,
b) Specification of the causal pathway underlying the analysis; and definition of the interventions and outcomes that were examined,
c) Description of the methodological process used, including specification of search strategies, databases and other sources of literature used,
d) Time frame covered by the searches (beginning and end dates),
e) Inclusion and exclusion criteria,
f) Method for assigning inclusion and exclusion criteria,
g) Method for reviewing the studies,
h) Criteria for assigning the quality rating for the studies, including differentiating inclusion exclusion criteria and quality rating methods, as appropriate, for studies of efficacy, effectiveness, safety and cost studies, and the quality grading of the overall body of evidence,
i) Methods of analysis, and synthesis of the evidence,
j) Bibliography of all studies abstracted,
k) Whether used or rejected, for the report,
l) Documentation of reason(s) why a particular study was rejected; and;
m) Complete reference list.

Electronic copies may be requested by the AGENCY the the completion of each assignment, to include:

a) Entire study bibliography,
b) Reference list,
c) Detailed search strategy, including terms, exclusions (date, language, and study type parameters, etc,
d) Inclusions and exclusion criteria for assessing study relevancy; and;
e) For all excluded studies, reasons for exclusion.

The deliverable shall be CD-ROM or digitized memory based.

3.2.3 Health Technology Assessment Task

TAC will provide a detailed description of the Proposer's overall approach, methodologies, and process to accomplishing a health technology assessment that meets the requirements identified in this section. Include any unique tools, skills, or experience utilized; any potential issues foreseen; and a proposed approach to resolving.

The HTA program is especially interested in the following areas:

1. Rigorous, explicit, and repeatable methodology
2. Methodology that is within commonly accepted practice approaches for search criteria, assessing quality of studies, and classifying the strength of evidence (e.g., AHRQ list of 7)
3. Translation – the process is geared towards addressing and clearly communicating the specific clinical and policy questions

4. Ability to address HTA legal mandates (e.g., impact on special populations;
5. analysis of agency data; cost-effectiveness)
6. Management of resources to ensure quality products within agreed timeline

3.2.4 Other Health Technology Assessment Services and Tasks

TAC may also be assigned to provide a range of related services. Engage in translation and dissemination activities related to the authored reports outside the report finalization and presentation required;

1. Perform special analyses, such as meta-analyses, cost-effectiveness analyses, decision analyses; clinical guideline analysis support;
2. Update Evidence-based Practice Center (EPC) reports and assessments;
3. Undertake methods research,
4. Develop evidence-based curricula, or provide training opportunities in systematic reviews and assessments or in conducting educational sessions on interpretation and understanding of research studies;
5. Design special dissemination strategies for products,
6. Scan peer-reviewed and grey literature to identify topics that may be ripe for development of an evidence report or technology assessment
7. Evaluate the use and impact of evidence reports and technology assessment on the quality, outcomes, and costs of healthcare;
8. Identify or otherwise work with a clinical expert for each specific topic. The role of the expert is to act as a resource during scoping, key question development and at the meeting of the clinical committee. and;
9. Provide clinical consultation services to the HTA program;
10. Other assignments as requested.

Provide a summary description of the Proposer's capability to support additional health technology related services.

3.2.5 Deliverable Template and Samples

For each deliverable, TAC will provide a template of a proposed document to be used for this contract, with brief descriptions of major topic areas that would be included.

1. Health technology assessment,
2. Oral/slide presentation of assessment for a clinical committee audience,
3. Work plan for each assignment,
4. Periodic status reports on progress against the work plan, and;
5. Optional additional sample of related HTA work

For the health technology assessments, TAC must provide a prior work product example for the following types of assessments and at least one example is related to an emerging intervention and at least one is related to a currently used or more commonly accepted intervention that is outdated or being used in new ways. Additionally, one example must include a cost-effectiveness analysis component.

- Medical or surgical device or medical equipment
- Medical or surgical procedure
- Diagnostic test

3.3. MANAGEMENT PROPOSAL

A. Project Management (SCORED)

Key to successful delivery of technology assessments and related services are the knowledge, integrity, experience, and diversity of staff. Proposed staff, including any consultants or subcontractors, need to reflect a range of skills and experience in clinical expertise as well as other areas such as epidemiology, biostatistics, social sciences, behavioral research, technology assessment, meta-analysis, decision analysis, cost and cost-effectiveness analysis, economic analysis, health services research, health policy analysis, technical or scientific writing and editing, and systematic searches of literature and other data sources.

Project Management and Structure – Describe the position within the entity that will have prime responsibility and final authority for the work, and the next senior level of management. Provide a copy of the Proposer's Conflict of Interest policy, guideline, or agreement that Proposer requires of its team members. Provide a description of the project team structure and internal controls to be used during the course of the project, including an indication of potential subcontractors. Indicate position types (including identification of the labor categories below), responsibilities, time commitment estimated, and minimal qualifications for typical assessment projects.

HCA expects Proposers to provide appropriate staff for assessments and other tasks, including the following personnel types.

- Labor Category 1 – Senior management personnel, holding an advanced clinical, technical, or professional degree with a minimum of ten years experience in analyzing biomedical, social sciences, behavioral, medical effectiveness, epidemiological or outcomes data or similar scientific literature, preferably with significant experience related to development of biomedical or social sciences literature reviews and synthesis, medical review criteria, meta-analysis, cost-effectiveness analysis, clinical practice guidelines, or experience working with professional societies and health care systems.
- Labor Category 2 -Associate management or clinical, professional, technical personnel, holding an advanced degree, at the M.D., Ph.D., or Master level, with a minimum of 5 years experience in analyzing biomedical, social sciences, medical effectiveness, epidemiological data, or similar scientific literature, research findings and data.
- Labor Category 3 - Intermediate clinical/technical personnel, holding at least a bachelors degree and at least 3 years experience in technical activities of which 2 years experience are directly related to analysis of biomedical, social sciences, and related scientific literature and other data. The individual is capable of carrying out independent assignments with minimum supervision or acting as leader of small projects. This category may include technical specialists in science writing and editing, as well as computer programming.
- Labor Category 4 - Data support, literature search and retrieval, report drafting, etc. at a research assistant level.
- Optional Labor Category 5 – Proposer may include a description of a fifth category if it believes additional, different expertise is also required.

B. Experience of the Consultant (SCORED)

Describe staff, including subcontractors who may be assigned to conduct the health technology

assessments and related tasks that have general and specialized clinical, behavioral, social sciences, economic and management expertise. The AGENCY expects that technology assessments may be produced for a broad range of medical and surgical devices and procedures, medical equipment, and diagnostic tests and for a diverse set of conditions and patient types. The technology assessment must address the safety, efficacy, and cost effectiveness of the technology.

The AGENCY seeks to ensure that the necessary expertise to adequately address these topic areas will be available through one or more of the TACs. Tasks may be assigned based on topic-area expertise, however, it is anticipated that TACs will not necessarily specialize in specific topic areas, nor are they required necessarily to have in-depth expertise in all of these areas. However, Proposers must demonstrate that they have access to a range of clinical and social sciences expertise within their sponsoring institution or affiliated organizations or through consulting or subcontracting arrangements. Proposers are encouraged to provide detailed information on their expertise and interest in the topics within the legislative mandate of the HTA program.

Proposers are not required to have all types of expertise available on a full-time basis with the TACs. To ensure adequate management of tasks required under typical assignments, however, Proposers should demonstrate that there will be personnel within the Labor Categories identified with general clinical training and experience, with basic knowledge of biostatistics and epidemiology, and with scientific writing and editing expertise, available within the TAC and who will be involved in assignments.

The Proposer must identify a client executive, with qualifications of a Labor Category 1, that possesses strong corporate level management experience. The Client Executive is responsible for the overall management of the contract, including coordination and cooperation with the AGENCY staff and policy officials, direction and oversight of all assignments under the contract, and assurance of quality and timeliness of work performed.

The Proposer shall also identify a Project Manager or managers (if different from the Client Executive) that will be responsible for the day- to-day management of individual assignments. This individual must be highly qualified, with significant leadership and communication skills, and demonstrated experience and competence in managing complex projects with similar or differing requirements. Project Managers are expected to have training and experience in critical evaluation of biomedical, social sciences, behavioral, and/or health services research (e.g., epidemiology, bio-statistics) and desirable that the Project Manager have at least some general clinical training and experience.

Additionally, at least a representative sample of resumes of staff that are currently committed to the entity and that may conduct the health technology reviews must be included for each Labor Category.

Provide resumes for the named staff, which include information on the individual's particular skills related to this project, education, experience, significant accomplishments and any other pertinent information. The Proposer must commit that staff identified in its proposal who will actually perform the assigned work, and for representative resume's that that staff or a staff member with equivalent skills, knowledge, experience, and training will perform the work. Once a review is underway, any staff substitution must have the prior approval of the AGENCY.

C. Related Information (MANDATORY)

1. Provide a summary of relevant experience that demonstrates the qualifications of the Proposer, and any subcontractors, to conduct scientific evidence-based health technology assessments and updates; provide consultation and input in formulating key questions and other preliminary matters; and report, including oral presentations, on the findings of the Health Technology Assessments.

2. The Proposer must demonstrate at least three (3) years performance of evidence-based reviews, preferably focused on health technologies. Experience in performing or incorporating the results of cost-effectiveness analysis is required. Specific experience in producing health technology assessments to assist health care payer organizations is desired. Experience in analyzing any unique impact of an intervention on specific populations based upon factors such as gender, age, ethnicity, race, or disability is desired.

3. Provide a list of contracts the Proposer has had during the last three (3) years for health technology or evidence-based reviews. List brief description of work, contract period of performance, and contact person, telephone number and/or e-mail address.

D. REFERENCES (MANDATORY)

List names, addresses, telephone numbers, and fax numbers/e-mail addresses of three (3) business references for the Consultant and three (3) business references for the lead staff person for whom work has been accomplished and briefly describe the type of service provided. Do not include current AGENCY staff as references. By submitting a proposal in response to this Work Request, the vendor and team members grant permission to AGENCY to contact these references and others, who from AGENCY's perspective, may have pertinent information. AGENCY may or may not, at AGENCY's discretion, contact references. The AGENCY may evaluate references at the AGENCY'S discretion.

3.4. COST PROPOSAL (MANDATORY)

The evaluation process is designed to award this procurement to a responsive Proposer whose proposal is most advantageous to the HCA and demonstrates the highest technical and management capability. These evaluation factors are significantly more important than cost or price. However cost may become a critical factor in selection where two or more proposers are essentially equal following the evaluation of all factors. HCA reserves the right to select the Proposer that provides the best overall value and demonstrates consistency with State government efforts to conserve state resources.

Proposer must identify all costs including expenses to be charged for performing the services necessary to accomplish the objectives of the contract. Proposer certifies, by submittal of the Cost Proposal, that the cost and rates proposed represent best available rates for substantially similar services performed for other public or private clients, including state and federal governments. The Consultant is to submit a fully detailed budget including staff costs and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract. Consultants are required to collect and pay Washington state sales tax, if applicable.

A TAC Cost Proposal Form is provided as Exhibit C and is mandatory.

A. Hourly Rate **(SCORED)**

The TAC may be assigned other tasks related to technology assessments and, upon agreement of the task and time estimation, may charge hourly rates.

For each Labor Category 1-4, Contract must provide a cost in U.S. dollars including expenses to be charged for performing the services necessary to accomplish the objectives of the contract. Cost must include, but is not limited to: labor, printing, administrative and any and all incidentals necessary to complete the performance of the proposed contract with the exception of travel expenses as identified in section C below. Labor Category 5 is optional if the Proposer indicates an additional set of expertise is necessary to complete the tasks.

B. Assessment Cost Estimates (MANDATORY)

The primary task for the TAC is the production of the Health Technology Assessment. The AGENCY must be able to forecast cost and time frame to assist in technology selection and resource planning. Assessment cost estimates provide a basis for comparing the relative effort and hourly cost amongst Proposers. The estimates are mandatory, but will not be a binding cost quotation on the Proposer. The AGENCY anticipates that Health Technology Assessments will generally fall into one of four categories:

- Scan or Summary of Available Evidence
- Simple Assessment (generally a single technology used for one or a related group of indications, and a small range of data sources/articles)
- Intermediate Assessment (a single technology used for one or a related group of indications with a medium or higher range of data sources/articles; or a single technology used for multiple indications and a small or medium range or data sources/articles; or a comparison of a group of technologies used for the same indication with a small range of data sources/articles)
- Complex Assessment (a single technology used for one or a related group of indications with a high range of data sources/articles; or a single technology used for multiple indications and a medium or high range or data sources/articles; or a comparison of a group of technologies used for the same indication with a medium or high range of data sources/articles)
- Updates of existing high quality systematic reviews or health technology assessments. Updating existing assessments may include conducting literature searches for new evidence and expanding aspects of the report to include indications, populations or state relevant data in the update.

For the simple to complex categories, the Proposer shall provide in the appropriate place on the COST PROPOSAL FORM:

(1) Proposer scope details – specify a range of number of articles or literature items it considers reasonable for that category and an estimate of days or months to complete (2) estimate of hours by labor category

C. Other Expenses (MANDATORY)

Expenses: The AGENCY will reimburse the Contractor for expenses related to required travel.Such expenses may include: airfare (economy or coach class only), other transportation expenses (e.g. mileage), and lodging and subsistence necessary during periods of required travel. Contractor shall receive compensation for travel expenses at current State travel reimbursement rates. The Contractor must provide an estimate of the type and cost for travel expenses.

The AGENCY estimates that a primary investigator will be required to present the final report for each technology assessment in person. The Contractor must identify whether travel for one in person visit is included in the assessment cost. If not, provide an estimate of the type and cost of travel expenses.

4. EVALUATION AND CONTRACT AWARD

4.1. EVALUATION PROCEDURE

Responsive proposals will be evaluated strictly in accordance with the requirements stated in this solicitation and any addenda issued. The evaluation of proposals shall be accomplished by an evaluation team(s), to be designated by the AGENCY, which will determine the ranking of the proposals.

AGENCY, at its sole discretion, may elect to select the top-scoring firms as finalists for an oral presentation.

The RFP Coordinator may contact the Consultant for clarification of any portion of the Consultant's proposal.

4.2. EVALUATION WEIGHTING AND SCORING

The following weighting and points will be assigned to the proposal for evaluation purposes:

Technical Proposal – 50%			100 points
	Quality of Task Methodology	50	points
	(maximum) Project Deliverables Quality (maximum)	50	points
Management Proposal – 35%			70 points
	Project Team Structure/Internal Controls	20	points
	(maximum) Staff Qualifications/Experience	20	points
	(maximum) Experience of the Proposer (maximum)	30	points
Cost Proposal –15%			30 points
	Sub-Total		200 points
Oral Presensation [top-scoring proposer(s) only] (if required)			50 points
GRAND TOTAL FOR WRITTEN PROPOSAL			250 POINTS

AGENCY reserves the right to award the contract to the Consultant whose proposal is deemed to be in the best interest of the AGENCY and the state of Washington.

4.3. ORAL PRESENTATIONS MAY BE REQUIRED

The AGENCY may after evaluating the written proposals elect to schedule oral presentations of the finalists. Should oral presentations become necessary, the AGENCY will contact the top-scoring firm(s) from the written evaluation to schedule a date, time and location. Commitments made by the Consultant at the oral interview, if any, will be considered binding.

The scores from the written evaluation and the oral presentation combined together will determine the apparent successful contractor.

4.4. NOTIFICATION TO PROPOSERS

The AGENCY will notify the Apparently Successful Contractor of their selection in writing upon completion of the evaluation process. Individuals or firms whose proposals were not selected for further negotiation or award will be notified separately by e-mail or facsimile.

4.5. DEBRIEFING OF UNSUCCESSFUL PROPOSERS

Any Consultant who has submitted a proposal and been notified that they were not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFP Coordinator within three (3) business days after the Unsuccessful Consultant Notification is e-mailed or faxed to the Consultant. Debriefing requests must be received by the RFP Coordinator no later than 5:00 PM, local time, in Olympia, Washington on the third business day following the transmittal of the Unsuccessful Consultant Notification. The debriefing must be held within three (3) business days of the request.

Discussion at the debriefing conference will be limited to the following:

- Evaluation and scoring of the firm's proposal;
- Critique of the proposal based on the evaluation;
- Review of proposer's final score in comparison with other final scores without identifying the other firms.

Comparisons between proposals or evaluations of the other proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of one hour.

4.6. PROTEST PROCEDURE

Protests may be made only by Consultants who submitted a response to this solicitation document and who have participated in a debriefing conference. Upon completing the debriefing conference, the Consultant is allowed three (3) business days to file a protest of the acquisition with the RFP Coordinator. Protests must be received by the RFP Coordinator no later than 4:30 PM, local time, in Olympia, Washington on the third business day following the debriefing. Protests may be submitted by e-mail or facsimile, but must then be followed by the document with an original signature.

Consultants protesting this procurement shall follow the procedures described below. Protests that do not follow these procedures shall not be considered. This protest procedure constitutes the sole administrative remedy available to Consultants under this procurement.

All protests must be in writing, addressed to the RFP Coordinator, and signed by the protesting party or an authorized Agent. The protest must state the RFP number, the grounds for the protest with specific facts and complete statements of the action(s) being protested. A description of the relief or corrective action being requested should also be included.

Only protests stipulating an issue of fact concerning the following subjects shall be considered:

- A matter of bias, discrimination or conflict of interest on the part of an evaluator;
- Errors in computing the score;
- Non-compliance with procedures described in the procurement document or AGENCY policy.

Protests not based on procedural matters will not be considered. Protests will be rejected as without merit if they address issues such as: 1) an evaluator's professional judgment on the quality of a proposal, or 2) AGENCY'S assessment of its own and/or other agencies needs or requirements.

Upon receipt of a protest, a protest review will be held by the AGENCY. The AGENCY Director or an employee delegated by the Director who was not involved in the procurement will consider the record and all available facts and issue a decision within five (5) business days of receipt of the protest. If additional time is required, the protesting party will be notified of the delay.

In the event a protest may affect the interest of another Consultant that also submitted a proposal, such Consultant will be given an opportunity to submit its views and any relevant information on the protest to the RFP Coordinator.

The final determination of the protest shall:

- Find the protest lacking in merit and uphold the AGENCY's action; or
- Find only technical or harmless errors in the AGENCY's acquisition process and determine the AGENCY to be in substantial compliance and reject the protest; or
- Find merit in the protest and provide the AGENCY options which may include:

  -- Correct the errors and re-evaluate all proposals, and/or

  --Reissue the solicitation document and begin a new process, or

  --Make other findings and determine other courses of action as appropriate.

If the AGENCY determines that the protest is without merit, the AGENCY will enter into a contract with the apparently successful contractor. If the protest is determined to have merit, one of the alternatives noted in the preceding paragraph will be taken.